



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Kenneth L. Justice
For : CABLE CONNECTOR FOR WELDER OR
WIRE FEEDER
Serial No. : 10/619,764
Filing Date : July 15, 2003
Examiner : Ross N Gushi
Group Art Unit : 2833
Date of Last Action : April 9, 2004
Our Docket No. : LEEE 2 00309

AMENDMENT

Commissioner for Patents
Mail Stop Non-Fee Amendment
P.O. Box 1450
Alexandria, Virginia 22313-1450

I hereby certify that this correspondence is being deposited
with the United States Postal Service as first class mail in
an envelope addressed to Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450
on 05-04-04

Y. Cox
(SIGNATURE)

05-04-04

Dear Sir:

In response to the Office Action mailed April 9, 2004, please amend the above-identified
patent application as follows:

IN THE CLAIMS:

1. (Currently Amended) A welder cable coupler on a welder housing or wire feeder for
conveniently connecting a welder cable to said welding housing or wire feeder ~~comprising a~~ said
welder coupler having a coupling jacket which includes an electrical coupling cavity having a
plurality of electrical connectors positioned therein and a coupling sleeve rotatably positioned at least
5 partially about said coupling jacket, said coupling jacket sized and shaped to be at least partially

AMENDMENT TRANSMISSION
CORPORATIONS (LARGE BUSINESSES)
DOCKET NO. LEE 2 00309

In re application of: Justice

Serial No. 10/619,764

Filed: July 15, 2003

For: CABLE CONNECTOR FOR WELDER OR WIRE FEEDER

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

Claims as Filed or Amended						
(1)	(2) Claims Filed or Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Total Amount
Total Claims	* 59	Minus	** 63	0	\$18	\$ 0.00
Indep. Claims	* 3	Minus	*** 3	0	\$86	\$ 0.00
Total Additional Fee For this Amendment --->						\$ 0.00

* If the entry in Column 2 is less than the entry in Column 4 write "0" in Column 5

** If the "Highest No. Previously Paid For" is less than 20 write "20".

*** If the "Highest No. Previously Paid For" is less than 3 write "3".

_____ A check in the amount of \$_____ to cover the required Fee is enclosed.

 X **General Authorization to Charge Deposit Account For All Required Fees, Fees Under 37 C.F.R. 1.17, or All Required Extension of Time Fees.** Should any additional fees be required in connection with this application, **during the entire pendency of the application**, the Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Account No. 06-0308. This transmission form is submitted in triplicate.

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P.O. Box 1450, Alexandria, VA 22313-1450

on 05-04-04

UR Cox
(SIGNATURE)

05-04-04

FAY, SHARPE, FAGAN, MINNICH & McKEE

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